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PCT

TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

8

Application Number

10/528,059

Filing Date

March 15, 2005

First Named Inventor

Sung-Yun Kwon

Art Unit

Unassigned

Examiner Name

Unassigned

Attorney Docket Number

4000-0002

## ENCLOSURES (Check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment/Reply (3 pages)             | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application                               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address                 | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund   | ADS (3 pages)   |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> CD, Number of CD(s) _____  | Return Receipt Postcard (1 page)  |
|   | <input type="checkbox"/> Landscape Table on CD  |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648. |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   |   |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Robins &amp; Pasternak LLP

Signature

Printed name

Roberta L. Robins

Date

7/11/05

Reg. No.

33,208

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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